2005

IDAHO SUPPLEMENTAL SCHEDULE For Form 43, Nonresident and Part-Year Resident Returns Only For Form 43, Nonresident and Part-Year Resident Returns Only

For	r calendar year 2005, or fiscal year beginning, ending				
Name	ne(s) as shown on return		Social	Security Number	
Α.	Additions. See instructions, page 24.	Column A - Total		Column B - Idal	ho
	Non-Idaho state and local bond interest and dividends		00	-	00
	Idaho college savings account withdrawal		00		00
	3. Bonus depreciation. Attach computations.	-	00	-	00
	4. Other additions. Attach explanation.		00		00
	5. Total additions. Add lines 1 through 4. Enter on line 31, Form 43.	1	00	-	00
B.	Subtractions. See instructions, page 24.				
	Idaho net operating loss carryover				
	Idaho net operating loss carryback 💶 . Enter total here	//	00		00
	2. State income tax refund included in line 30, Column A, Form 43	+ 1	00		
	3. Interest from U.S. Government obligations		00	-	00
	4. Child/dependent care. Attach federal Form 2441 or 1040A, Scheduk 2		00		00
	5. Social security and railroad benefits included in line 30, Column A, Form 43		00	//////////////////////////////////////	00
	6. Idaho capital gains deduction. Attach Form CG.	111111111111111111111111111111111111111	00	-	00
	7. Idano regidenti 7 otive daty mintary pay edined edicidenti indune iniminimi	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	/////	-	00
	Idaho medical savings account - contributions and interest Financial institution Account number 8		00		00
	7 toodan monataron 7 toodan maniput	+	00	-	00
	9. Idaho college savings program 10. Adoption expenses		00		00
	11. Maintaining a home for the aged an Very elopmentally disabled		00		00
	12. Idaho lottery winnings, less than \$600 per prize		00	-	00
	13. Income earned on a reservation by an American Indian	111111111111111111111111111111111111111		•	00
	14. Worker's compensation insurance		00	-	00
	15. Partner's and share tolder's pass-through subtractions	5	00	-	00
	16. Insulation of Idaho residence	3	00	-	00
	17. Technological equipment donation	•	00	•	00
	18. Health insurance premiums	3	00	•	00
	19. Long-term care insurance)	00	•	00
:	20. Alternative energy device deduction.				/////.
	Year Year				
	Acquired Type of Device Total Cost Percent				
	a. 2005 \$ X 40% = 20a		00		00
	b. 2004 \$ X 20% = 20t		00		00
	c. 2003 \$ X 20% = 200		00		00
	d. 2002 \$ X 20% = 200		00		00
	e. Add lines 20a through 20d 20e	•	00	-	00
2	21. Add lines 1 through 19 and 20e.		00		00
:	22. Retirement benefits deduction.				
	a. If single enter \$23,268, if married filing jointly enter \$34,902	ı	00		
	b. Federal Railroad Retirement received 22k		00	See instruction page 28, for qual	
	c. Social Security benefits received 220		00	retirement ben	
	d. Balance. Line 22a minus lines 22b and 22c. If less than zero, enter zero	I	00	to be included lines 22e and 22	
	e. Qualified retirement benefits included in federal gross income	•	00	ililes 22e and 2	zy.
	f. Column A benefits. Smaller of line 22d or line 22e		00		
	g. Qualified retirement benefits included in Idaho gross income			-	00
	h. Divide line 22g by line 22e.			9/	6
	i. Column B benefits deduction. Multiply line 22f by line 22h		-	00	
	23. Nonresident military pay included in line 30, Column A, Form 43		00		
	24. Bonus depreciation. Attach computations.		00	//////////////////////////////////////	/////
	25 Other subtractions Attach evaluation		00	_	00
	26. Total subtractions. Column A, add lines 21, 22f, 23,24, and 25.		00	-	00
	Column B, add lines 21, 22i, 24, and 25. Enter on line 33, Form 43.	S	00	-	00

line 11.)

00

ivame(s)	as snown on return					Social	Security Number	
		x Paid to Other States b					ow.	
1.	Idaho adjusted income from line 34, Column B, Form 43				00	Λ tto	oh a conv of t	ho
2. Other state's adjusted income				00		ch a copy of the me tax return and		
3.	Amount of income to	axed by Idaho, and also taxe	ed by another state	3	00	separate Form 39NR		
4.	Idaho tax, line 45, Fo	orm 43		00		each state for whi edit is claimed.	ch	
	Divide line 3 by line 1. Enter percentage here							
6.	Multiply line 4 by line	9 5				6		00
7.	Other state's tax due	e less its income tax credits		-	00			
	-	2. Enter percentage here			%			
		8			_	9		00
		line 6 or 9 here and on line	<u> </u>			10		00
	redit for Income Ta e instructions, pa	ex Paid to Other States ge 30.	by Idaho Residents on	Active Milit	aly Duty.			
	, ,	orm 43	1	1	00		ach a copy of t	
		ed income		2	00		ome tax return an arate Form 39h	
	3. Idaho adjusted income from line 34, Column B, Form 43				00		each state for wh	ich
		3. Enter percentage here		4	%		edit is claimed.	_
		e 4. Enter amount here				5		00
		e less its income tax credits				6		00
		line 5 or 6 here and on line				7		00
E. M	aintaining a Home evelopmental Disa	for a Family Member A bility. See natructions	Nge 65 🔊 Older, or a Fa , page 30.	amily Membe	er With a			
1.		ome for an immediate famil				\ \/aa	No	
one-half of his/her support? You and your spouse do not qualify								
2.		ome for an immediate famil				Voo	□ No	
	provide more than b	e-half of his/her support?	You and your spouse may	qualify	L	Yes	No	
		A either question, comple	te lines 3 and 4.					
3.	List each family men	nber you are claiming:						
	Name of Family Member First Name Last Name		Social Security Number of Family Member	Relationship to		of Birth ily Memb		
	Total amount state	d (Φ400 for on the second for the first		(1000)				
4.		d (\$100 for each qualifying i m 43. (Credit cannot be cla			rt B,			